

the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH				ARIZONA STATE BOARD OF HEALTH			
County of <u>Sila</u>				BUREAU OF VITAL STATISTICS <u>145</u> State Index No. <u>512</u>			
District of _____				ORIGINAL CERTIFICATE OF BIRTH Co. Register No. <u>226</u>			
Town of <u>miami.</u>				Local Registrar's No. _____			
or City of _____ (No _____ St; _____ Ward)							
FULL NAME OF CHILD <u>Alice Estelle Rhodes</u>				Born } YES		Alive } YES	
If child is not named, make Supplemental Report on blank obtainable from local registrar.							
Sex of Child	<u>Female</u>	Twin, Triplet or other	<u>one</u>	and	Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>Aug 23rd</u> 191 <u>5</u>
Full Name		FATHER <u>Albert Howard Rhodes</u>		Full Maiden Name		MOTHER <u>Josue Cox</u>	
Residence		<u>miami ariz.</u>		Residence		<u>miami ariz</u>	
Color or Race	<u>white</u>	Age at last Birthday	<u>49</u>	Color or Race	<u>white</u>	Age at last Birthday	<u>23</u>
Birthplace		<u>California</u>		Birthplace		<u>Texas</u>	
Occupation		<u>miner.</u>		Occupation		<u>Housewife</u>	
Number of child of this mother. <u>2</u>		Number of children, of this mother, now living. <u>1</u>		Were precautions taken against Ophthalmia neonatorum? <u>yes</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Aug 23rd 1915, at 3¹⁵a M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) A. H. Eccles

(Attending physician, midwife, householder*)

Given or christian name added from a supplemental report _____ 191_____

Address. John H. Lacy

Filed Aug 28 1915

LOCAL REGISTRAR.

192-123-137
COUNTY REGISTRAR.

Filed Sept 4 1915

A True Copy

B. G. Lacy
COUNTY REGISTRAR.